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Designing Navigator Programs to Meet the Needs of Consumers: Duties and Competencies

by Tricia Brooks and Jessica Kendall

To assist consumers in accessing health coverage, the Affordable Care Act (ACA) requires Exchanges to conduct outreach and public education, design and manage robust websites, operate a call center, and establish a navigator program. Newly enacted federal regulations define the baseline criteria for navigator programs by establishing a minimum set of duties and competencies, identifying the types of entities that may be selected as navigators, and requiring states to establish training and conflict of interest standards.¹ This brief will elaborate on the required duties and competencies and discuss ways the minimum requirements can be strengthened to better serve consumers. For general information on navigator programs, see the overview brief in our navigator resource series: [Countdown to 2014: Designing Navigator Programs to Connect Consumers to Coverage](#).

Navigators will be key members of the Exchange's customer service team, assisting consumers with eligibility, plan selection, and enrollment. Effective deployment of navigators will help alleviate demand on call centers and will increase the use of the electronic eligibility and enrollment process by consumers unlikely to apply online on their own. Navigators will be important sources of feedback, helping states identify how well the new programs, systems, policies and procedures are working. Most importantly, navigators will

help states reach the most vulnerable uninsured people who require individualized assistance to successfully access expanded health coverage options created by the ACA.

In states with a federally-facilitated Exchange (FFE), the federal government will be responsible for creating, managing and funding the navigator program. Under a federal-state partnership model, the state may choose to support, administer and oversee certain aspects of the navigator program consistent with FFE-established standards and policies. Regardless of whether the state Exchange or FFE has oversight responsibility, navigator programs must meet minimum standards set by the ACA.

Navigator Basics

The navigator program will be only one element of an Exchange's consumer assistance responsibilities. The Exchange, whether state-based or FFE, must also conduct outreach, operate a call center, and provide culturally competent, accessible consumer assistance. Navigator programs should complement these activities and can be strategically targeted to reach consumers who are less likely to connect to the expanded health coverage options on their own. For example, call centers will assist consumers with questions that arise as they apply online. However, if a consumer needs more extensive help, the call

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center might refer the consumer to a navigator for one-on-one assistance.

A core responsibility for navigators is to conduct outreach and educate consumers who are potentially eligible for the full range of insurance affordability programs accessible through the Exchange. These programs include Medicaid, the Children's Health Insurance Program (CHIP) and the Basic Health Program (if applicable), as well as advance premium tax credits (APTC) to help purchase Qualified Health Plans (QHP) in the Exchange. Navigators will assist consumers through the application, plan selection, and enrollment process. States have the flexibility to expand the scope of duties and expertise required of navigators, which will help to maximize the effectiveness of their programs.

Understanding Minimum Duties and Competencies

To fully understand the threshold requirements for navigators, it's important to consider these three aspects of the federal regulations:

1. At a minimum, navigators must execute the following duties:

- Conduct public education activities to raise awareness about the Exchange and the full range of health insurance coverage options.
- Maintain expertise in eligibility, enrollment, and program specifications.
- Provide information and services in a fair, accurate, and impartial manner. Such information must acknowledge other health programs.
- Facilitate selection of a QHP.
- Make referrals to any applicable office of health insurance ombudsman, consumer assistance program (CAP), or other state agency(ies) that can help enrollees with a grievance, complaint, or other questions.

- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange, including individuals with limited English proficiency, and ensure accessibility and usability of navigator services by individuals with disabilities.

2. To receive a navigator grant, an entity or individual must:

- Demonstrate to the Exchange that they have existing relationships, or can readily establish relationships, with employers and employees, uninsured and underinsured consumers, or self-employed individuals likely to be eligible for enrollment in a QHP;
- Be capable of executing the duties above;
- Meet any licensing, certification or standards prescribed by the State or Exchange;
- Not have a conflict of interest, financial or non-financial (such as a family member's employment with a health insurance issuer) during the term as navigator; and
- Comply with privacy and security standards set by the Exchange that meet federal requirements.

3. Exchanges must develop a set of training standards to ensure that navigators have expertise in:

- The needs of underserved and vulnerable populations;
- The eligibility and enrollment rules and procedures;
- The range of QHP options and insurance affordability programs; and
- The privacy and security standards applicable to the Exchange.

When reviewing the federal requirements, it is not sufficient to look only at the duties in



when setting expectations for navigators. A clear example is that protecting the privacy and security of personal information is not listed as a navigator duty but in order to receive a grant, a navigator must comply with the privacy and security standards. Is protecting personal data a duty or a competency? Sometimes, the lines are blurred. Thus, putting all of the pieces together is necessary to paint a complete picture of the minimum prerequisites of the navigator program. For instance, navigators will need to maintain expertise in eligibility, enrollment, and program specifications so they can provide one-on-one assistance to consumers in completing the single, streamlined application and enrollment process. Unlike brokers and agents who may sell a single health plan, navigators will have a responsibility to inform consumers of all of their options. Navigators should guide consumers in considering and comparing plan costs, benefits, provider networks, and other key coverage elements in order for consumers to make an informed decision about the plan that will best suit the needs of their families. Examples of activities for each of the ACA required navigator duties are included in Table 1 at the end of the brief.

Thoughtful planning and a clear understanding of 1) the needs of consumers and small businesses in accessing health coverage and 2) how navigators will meet those needs will be key to realizing the full potential of the navigator program. By identifying and focusing on the needs of consumers upfront, Exchanges will be better prepared to define the scope of work expected of navigators, determine baseline competencies required for navigator selection, and establish training programs to build additional skills and knowledge.

Creating a Vision for the Navigator Program

It is important to consider a number of factors and potential assistance activities to inform the design of navigator programs. Answering the following strategic questions will help states craft

the program's vision and guide key operational decisions going forward:

- *Who and where are the consumers and small businesses in need of assistance?*
The vision for a simplified, online enrollment system will enable many consumers to enroll on a self-service basis, or with assistance offered by the Exchange's call center. Identifying who needs personalized assistance will help shape the navigator program and enable Exchanges to target limited resources to those who need it most. For example, specific studies of potentially-eligible low-income uninsured adults indicate that people who are older, have less education or live in rural areas are less likely to apply online.² Identifying these consumers and where they live will help states target navigator services effectively.
- *Which organizations have existing relationships with consumers who will likely need assistance?* As we've learned from efforts to maximize children's coverage, no matter how simple and streamlined the eligibility and enrollment system, many people may miss the opportunity to obtain health coverage without personalized help through the enrollment process. Community-based organizations that interact regularly with families and have earned reputations for fairness and trust are best suited to provide these essential services.³
- *To what extent will navigators assist with the full range of insurance affordability programs, including Medicaid and CHIP?* Many factors drive the need for integrated or well-coordinated consumer assistance, including the ACA's "no wrong door" approach, administrative efficiency, and financial economies of scale. The most compelling reason, however, is what best serves the needs of consumers. Individuals and families with fluctuating incomes will

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transition back and forth between Medicaid and the Exchange¹ and some families will be covered through multiple programs (i.e., parents in the Exchange and children in Medicaid or CHIP).⁵ These circumstances make it vital that navigators be experts in and provide information about the full array of programs. While navigators will have a direct contractual or grant relationship with the Exchange, it will also be important to have strong memoranda of understanding (MOUs) in place that define the interaction between navigators and the agencies responsible for administering Medicaid and CHIP.

- *How will the navigator program be linked with the Exchange's overall marketing plan?* The Exchange's marketing and consumer assistance plan should fully integrate navigator programs. For example, Exchanges, foundations, consumer groups and other entities will conduct market research and message testing, using data to evaluate their reach and effectiveness. Exchanges may want to ensure that navigators incorporate these findings and complement the marketing efforts of the Exchange by setting marketing standards and providing training on effective messaging. For instance, studies have shown that describing coverage as "low-cost" is more effective than using the word "affordable," which is relative to one's circumstances. In turn, Exchanges will benefit from consulting with navigators to ensure that their marketing strategies, messaging and use of language will be successful in reaching the specific communities (e.g. rural, urban, ethnic, small business) that navigators serve.⁶ Exchanges may also want to require that navigators receive approval for any materials they develop to ensure use of consistent messaging and appropriate literacy levels.
- *Will Exchanges establish a web portal and require navigators to use it in facilitating and submitting applications?* To minimize paperwork and enable consumers to take advantage of real-time eligibility, it will be advantageous for the FFE and state-based exchanges to require navigators to facilitate eligibility and enrollment through a web portal specifically designed for assisters. A portal can be structured to provide tools for navigators to take shortcuts to expedite eligibility and enrollment, to help support renewal and retention of coverage, and to facilitate communication with Exchanges to resolve consumer issues or problems. Access to the status of applications through a portal will minimize follow-up calls to the call center and enable navigators to ensure that consumers successfully complete the process. A separate web portal for assisted applications will also provide a mechanism to track navigator activity, collecting critical data for Exchanges to monitor and evaluate the program's effectiveness and reach.⁷
- *Will navigators help people access health care benefits and assist with other post-enrollment activities?* Many low-income people who will be newly eligible for coverage have never been insured and do not have a usual source of care. Helping people understand how to use their insurance benefits and find a medical home will be important to ensuring that health reform has a meaningful impact on their use of the health care system. At a minimum, navigators must make referrals to other consumer assistance programs where people can get help with grievances, complaints, and other questions.
- *Will navigators assist with renewals of eligibility and changes in circumstances that may impact eligibility?* Many newly-eligible consumers will not have had experience with public or subsidized coverage. It will be important that they understand how to report changes and retain coverage over time, which may be confusing particularly when eligibility shifts between programs. The expe-



rience in Massachusetts' health reform efforts suggests that renewal assistance specifically will be critical to helping people maintain coverage. In turn, continuity of coverage is important for improved health outcomes as well as the ability to measure and compare quality among different sources of coverage.⁸

- *Will Exchanges create opportunities for two-way communication with navigators to share policy updates and obtain feedback?* Navigators will be an important source of information to Exchanges, offering first-hand experience with system issues and barriers to enrollment. States should create structured opportunities for navigators to be in ongoing contact with the Exchange, helping to identify the processes that are working and flag those that need refinement. As states make improvements or changes to policy or procedures, a routine forum for sharing information will also ensure that navigators are current on all relevant issues impacting access to coverage.
- *Will Exchanges deploy navigators in the Small Business Health Options Program (SHOP)?* Navigator entities that serve specific minority or ethnic groups may be the best way to reach minority-owned small businesses that may want to participate in the SHOP.⁹ Additionally some families or individuals who change jobs frequently may move between eligibility for SHOP coverage and public programs or the individual Exchange. While not all navigators would need to serve the SHOP, those who do should be fully trained in the full range of insurance affordability programs. This will be critical because low-income workers may not find employer coverage affordable for all members of the family and some family members may be eligible for Medicaid, CHIP or other public programs.

After crafting a vision for the navigator program, states and Exchanges can more readily determine the full scope of duties and assess the skills and

experiences that navigators will need to meet program expectations.

Determining Core Competencies

Navigators who already possess some or all of the desired competencies can build on their existing knowledge and experience to more quickly master the complexities of the expanded coverage options. By starting with a more extensive set of core competencies than minimally required, training can be focused on the new aspects of coverage including the range of QHPs, the financial implications of tax credits, and the online tools designed to support navigator activities.

It may be challenging to find and select individual navigator entities that have all the skills and experience needed to serve the full range of consumers and small businesses that will require assistance. Thus, it will be strategic for states to target navigators to specific constituencies (for example, in rural areas or for a specific ethnic or minority group), while simultaneously designing a program that collectively meet the assistance needs of all consumers and small businesses that will require support. While some navigators may focus on specific populations, all navigator entities must be able to assist consumers with low literacy skills, to access language services for people with limited English proficiency and to provide accessible assistance to people with disabilities.

A good starting point is to select navigators who have existing relationships with uninsured and underinsured low-income individuals and families and/or small businesses. So rather than selecting those who "can readily establish" such relationships as minimally required by the regulations, Exchanges may want to require navigators to either have direct relationships or established networks that serve at least some segment of consumers who will need assistance. By doing so, Exchanges can be certain that navigators

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Requiring a more robust set of core competencies than minimally required will help ensure that navigators hit the ground running.

will be trusted by those consumers as they share personal and confidential information needed to determine eligibility for financial assistance. Requiring a more robust set of core competencies than minimally required will help ensure that navigators hit the ground running. Core competencies states may want to consider include:

- Knowledge of current public coverage programs, including Medicaid and CHIP;
- Experience conducting outreach and application assistance to low-income consumers in establishing financial eligibility for public programs;
- Ability to serve consumers with limited English proficiency, low literacy, and limited experience with insurance;
- Expertise and accessibility aids to assist people with disabilities;
- Familiarity with health insurance, including benefits, cost-sharing requirements, and how managed care works;
- Ability to translate complex policy and insurance jargon into plain language;
- Aptitude to learn and communicate how advanced premium tax credits (APTC) work, as well as the financial implications of tax credit reconciliation; and
- Knowledge of local resources such as community health centers, health and human services, and immigrant-related resources.

Establishing Organization-Level Competencies

Organizations that serve as navigator entities will require strong management and supervisory skills to oversee the work of individual staff members who serve as navigators. These entities will be required to protect the privacy and confidentiality of all personal information collected. They will also need to have the capacity to collect and report data on their activities to assist the Exchange in ongoing program improvement and monitor-

ing efforts. Considering this, states may want to distinguish competencies required of entities from those required of individuals who will provide direct assistance to consumers.

Conclusion

Selecting the right navigators will be key to the success of navigator programs. To make the best use of limited resources, states can start by establishing a clear vision for their program, determining which consumers and small businesses will need personalized help and what kind of help they need, and selecting navigators that will best meet their needs.



Table 1: This table outlines the required duties of navigators and provides examples of the types of activities navigators might engage in to fulfill their responsibilities.

ACA Required Duty	Examples of Activities
Maintain expertise in eligibility, enrollment and program specifications	<ul style="list-style-type: none"> Attend trainings and attain any certification required by the Exchange Stay current on policy and procedures Maintain a thorough understanding of the process through which individuals apply for financial assistance and enroll in the insurance affordability programs Collect, analyze and report data on consumer issues and problems
Conduct outreach and public education activities	<ul style="list-style-type: none"> Reach out to networks and community members to promote availability of affordable health coverage Conduct and participate in events, meetings, and activities to educate consumers about the health insurance affordability programs Design and implement marketing strategies to increase awareness about health coverage option and encourage enrollment Integrate consistent, proven messaging into all public education activities
Provide complete, fair, and impartial information	<ul style="list-style-type: none"> Inform consumers and small businesses about the full range of Qualified Health Plans (QHPs) and insurance affordability programs including public health coverage in an unbiased manner Empower consumers to select a plan without being steered in any direction Inform consumers that they can opt to apply and enroll directly through the Exchange at any time
Facilitate selection of health plan	<ul style="list-style-type: none"> Help consumers complete the application single, streamlined application Explain the eligibility decision, and what happens next Answer any questions about coverage options and cost-sharing requirements, including premiums Explain tax credits and their financial implications Ask questions that help a consumer determine which plan is best for their family circumstances in terms of benefits and costs Assist consumers with plan enrollment through Exchange's web portal Help consumers select and enroll in a public program's managed care plan Educate consumers about changes in circumstance that may affect their eligibility for coverage and provide assistance in making changes to coverage or maintaining eligibility for coverage, as needed
Make referrals to consumer assistance or ombudsman programs	<ul style="list-style-type: none"> Maintain current inventory of existing ombudsman or consumer assistance programs (CAPs) that assist consumers with grievances, complaints or questions about eligibility Develop relationships with CAP programs and establish a protocol for referrals to ensure that consumers don't slip through the cracks
Meet confidentiality and privacy standards	<ul style="list-style-type: none"> Create a physical space where consumers can freely discuss their financial and personal situation without concern of being overheard Maintain the highest ethical standards in regard to non-disclosure of protected personal information Set up monitoring systems to ensure that only required data is stored and that it cannot be accessed without proper authorization



Endnotes

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Acknowledgements

The authors wish to acknowledge the key contributions of a group of national and state based policy and consumer groups who have assisted with our Navigator project. They include Shelby Gonzales and Dave Chandra from the Center on Budget and Policy Priorities, Christine Barber from Community Catalyst, Elaine Saly and Cheryl Parcham from Families, USA, Jenny Sullivan from Enroll America, Suzie Shupe from the California Coverage and Health Initiatives, Elisabeth Benjamin from the New York Community Service Society, Leigh Cobb from Maryland Advocates for Children and Youth, Sarah Green-

field from Take Action Minnesota, Dayanne Leal from Massachusetts Health Care For All, Kathy Chan from Illinois Child and Maternal Health Coalition, Kelli King-Jackson from Texas Children's Defense Fund and Jocelyn Guyer from the Georgetown Center for Children and Families.

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Countdown to 2014: Designing Navigator Programs to Meet the Needs of Consumers

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In 2014, when the health coverage expansions under the Affordable Care Act (ACA) are launched, millions of Americans are expected to enroll in Medicaid or receive financial assistance through advanced premium tax credits (APTCs) to purchase private insurance via new insurance marketplaces called Exchanges.¹ Many of those qualifying for subsidies to purchase Exchange-based coverage will also qualify for reduced out-of-pocket spending. To streamline the eligibility and enrollment process, the ACA calls for a consumer-friendly, web-based application and enrollment process that taps electronic data sources to verify income, citizenship, immigration status and other eligibility criteria. However, no matter how easy-to-use and straightforward the system is, some people will need personalized assistance in establishing eligibility, choosing a health plan and understanding the financial implications of tax credits.

To assist consumers, Exchanges must conduct outreach and public education, design and manage robust websites, operate a call center and establish a navigator program. This brief describes what is required of navigator programs and outlines the steps and considerations that are important as states design their own programs. Related briefs in our navigator resource series will provide more detail on the design elements that are described in this overview.

What are navigator programs?

Exchanges are required to establish a navigator program that provides grants to community or consumer-focused nonprofits and other organizations to conduct outreach and help consumers and small employers connect to health coverage. States have broad flexibility in designing their programs as long as minimum federal guidelines are met. While similar to existing models of consumer assistance in Medicaid and Medicare, navigator programs are newly created to specifically help consumers navigate the expanded health coverage options under the Affordable Care Act.

What are the duties and competencies of navigators?

Navigators are expected to conduct outreach and assist consumers and small employers with eligibility, enrollment and plan selection. They must demonstrate to the Exchange that they have existing relationships, or could readily establish relationships, with employers, employees, uninsured and underinsured consumers, and the self-employed who are likely to be eligible for enrollment in a qualified health plan (QHP). A key provision is that navigators must provide fair, accurate and impartial information and services in a manner that is culturally and linguistically appropriate and provides "meaningful access" for indi-

Establishing a clear understanding of the needs of consumers and small businesses and creating a vision for the navigator program based on those needs will guide key operational decisions.



viduals with limited English proficiency and people with disabilities.² Notably, Exchanges have the flexibility to allow or require navigators to assist with enrollment in the full spectrum of coverage options, including Medicaid and the Children's Health Insurance Program (CHIP). The duties and competencies of navigators will be addressed in more detail in our navigator resource series.

What are the criteria for selecting navigators?

Exchanges can have many navigators, but minimally, they must choose at least one community or consumer-focused nonprofit entity and at least one other entity from a different category of qualified entities. The types of entities that may serve as navigators include:

- Community or consumer focused nonprofit groups
- Trade, industry or professional associations
- Chambers of commerce
- Unions
- Resource partners of the Small Business Administration
- Licensed insurance agents and brokers
- Other public or private entities or individuals who meet the requirements of the program, including Indian tribes, tribal organizations, urban Indian organizations and state or local human services agencies.

Insurance companies, their subsidiaries and associations that include members, or lobby on behalf of the insurance industry are expressly prohibited from serving as navigators. Additionally, the law bars any entity or person who receives payment directly or indirectly from an insurer from being a navigator. This effectively means that insurance brokers or agents, or "producers" as they are collectively known, would have to give up their commercial insurance business to serve as navigators, making it very unlikely that they will

want to become navigators. The role of brokers and agents in the Exchange is discussed in more detail below.

What must states do in setting up navigator programs?

The state must develop and publicly disseminate standards for navigators. Federal guidance will provide model standards for navigator training and best practices for certification or licensure standards, but states have the flexibility to create their own as long as they meet the minimum federal standards.

- **Training standards** must minimally ensure that navigators have expertise in:
 - the needs of underserved and vulnerable populations;
 - eligibility and enrollment rules and procedures for Medicaid, CHIP and the Exchange programs;
 - the range of QHP options and insurance affordability programs (Medicaid, CHIP and the Basic Health Plan (if applicable) and coverage subsidized by APTCs in the Exchange);
 - proper handling of tax data and other personal information; and
 - all of the privacy and security standards applicable to the Exchange.

Training on the full range of responsibilities and the required skills of navigators, including cultural and linguistic competency, will help ensure that navigators fully understand and are capable of fulfilling their critical role in connecting consumers to coverage.

- **Certification or licensure standards** may be established by the Exchange, and may include credentialing, testing and other mechanisms to assure quality services. However, the Exchange may not require navigators to hold insurance broker or agent

An insurance agent or broker license is neither necessary nor sufficient to perform the duties of navigators as these licenses do not cover the full range of training needed.



licenses, or to carry errors and omissions insurance. The preamble to the federal regulations clarified that an agent or broker license is neither necessary nor sufficient to perform the duties of a navigator as these licenses do not cover the full range of training needed (i.e. public coverage options, APTCs, etc.).

- **Conflict of interest standards** for navigator conduct must prevent, minimize and mitigate any conflicts of interest, financial or otherwise, that may exist and ensure that all navigators have appropriate integrity. The conflicts of interest standards for navigator conduct must ensure that a navigator has no private or personal interest that will influence, or appear to influence, the impartiality of the information and assistance they provide to consumers.

How will navigators be funded?

The ACA calls for states to finance grants to navigators through the operational funds of the Exchange. Federal establishment grants, which can be used to support Exchange planning and start-up costs through 2014, can be used to help set up navigator programs (e.g. to assess populations needing assistance). Ultimately funding for navigators should be incorporated into the ongoing operating costs of the Exchange and potentially shared with other programs that benefit from navigator activities.

A variety of opportunities exist for funding navigators including but not limited to assessments on insurance carriers; provider fees or taxes; general funds; community benefits; and partnerships with corporations or foundations. Also, states that direct navigators to assist with all insurance affordability programs, including Medicaid and CHIP, can allocate the proportion of costs that can be attributed to those programs as an administrative expense, which qualifies for a 50% federal match.⁹ Funding and payment strategies will be addressed in more detail in our navigator resource series.

What lessons from other consumer enrollment assistance programs offer promising strategies for states to consider in designing their navigator programs?

Design navigator programs to meet the needs of consumers and small businesses.

Establishing a clear understanding of the needs of consumers and small businesses and creating a vision for the navigator program based on those needs will guide key operational decisions going forward. States can identify consumers and small businesses in need of assistance by examining demographic and geographic data regarding the uninsured and conducting special studies of likely enrollees, particularly low-income populations. States will also benefit from the experience of health safety net programs and organizations that currently assist consumers in accessing health coverage and by engaging all stakeholders in this process, including consumers, small businesses and consumer advocates.

Target navigator resources to the most vulnerable.

Research indicates that the lowest income and rural consumers prefer the kind of high-touch in-person services offered by community-based organizations while more moderate-income individuals may be comfortable with using a website or applying over the telephone with assistance from the Exchange's call center.¹ Given that resources are limited, it will be strategic to target navigator services through community-based groups that are best able to reach the most vulnerable, uninsured populations, focusing on those who are less likely to maneuver the eligibility and enrollment process on a self-service basis.

Build on existing infrastructures and assistance networks.

By building on existing outreach and assistance activities, states can tap the knowledge, experience and relationships of organizations that currently help consumers

States that direct navigators to assist with all insurance affordability programs, including Medicaid and CHIP, can allocate the proportion of costs attributed to those programs to help fund navigator services.



Consumers will best be served if navigators provide assistance for all insurance affordability programs, while states will benefit from efficiency gains and economies of scale in integrating navigator-type services.

to create a strong foundation for their navigator program.

Integrate assistance for all insurance affordability programs. Two key factors drive the need for integrated navigator programs. First, many families will be covered through multiple programs (i.e. 75% of parents in the Exchange will have children in Medicaid or CHIP)⁵ and a significant number of people with fluctuating incomes will transition back and forth between Medicaid and the Exchange.⁶ Second, the ACA's "no wrong door" approach requires that states provide access to all coverage options regardless of how and where consumers apply. Thus, consumers will best be served if navigators are highly trained and can provide assistance for all insurance affordability programs, while states will benefit from efficiency gains and economies of scale in consolidating navigator-type services.

Provide tools for navigators to assist consumers. States can design their websites to include a portal for navigators to login and complete the online application on behalf of consumers. This will enable navigators to take full advantage of the real-time eligibility and enrollment process while giving the Exchange an audit trail of navigator activity. Such portals can be designed to provide both Exchanges and navigators with key management tools such as reports summarizing outreach and enrollment activities and outcomes.

Provide tools for consumers to find navigators. The availability of navigators should be broadly promoted through outreach materials and on the Exchange website. One idea would be to set up an online search box where consumers can enter their zip code and easily click through drop-down boxes to identify local navigators with specific skills to meet their needs (for example, language translation services or accessibility aids to assist people with disabilities).

Use navigators as a feedback mechanism to assess how well policy and procedures are working. States will be well served to encourage

feedback from navigators and other assisters to assess how well policy and systems are working on the ground level for real people. By establishing ongoing two-way communications, states can provide policy updates and use feedback from the field to identify problems and opportunities to make program improvements.

Coordinate navigator and consumer assistance programs that assist with health coverage problems and concerns. The law requires navigators to make referrals to consumer assistance programs that assist consumers with grievances, complaints or more complex questions about their health plan, coverage or eligibility determination. Effective coordination between navigator and consumer assistance or health ombudsman programs will ensure that consumers have the best possible experience as they access the health care system.

Monitor performance to ensure that the navigator program is meeting its goals and reaching consumers in need of assistance. It is important to develop performance measures to evaluate the program's effectiveness and use these data to make improvements and re-target resources to persistent or new areas of need over time.

What is the role of insurance brokers and agents?

The law allows, but does not require, states to work directly through brokers and agents in their role as commissioned sales agents who assist consumers in applying for financial assistance to purchase QHPs through the Exchange.⁷ If a state elects to do so, there must be an agreement in place that requires producers to register with the Exchange in advance and comply with its privacy and security standards. They must receive training in the full range of QHP options and insurance affordability programs. If states do not require or permit producers to assist with the public programs, it will be important to develop an effective and seamless referral mechanism



between producers and navigators, or other assistants, to ensure that consumers receive the help they need.

The federal regulations stipulate that, if a state decides to use brokers, the brokers must work through the Exchange, including using the Exchange website, to establish eligibility for APTCs or enroll individuals in QHPs. Requiring all consumers to enroll through a broker will unnecessarily drive up the operating costs of the Exchange for people who are able to navigate the web-based enrollment system independently or with minimal assistance from the Exchange's call center.

While internet-based brokers (e-brokers) can help enroll consumers in Exchange coverage, the regulations require that they provide consumers with information on all QHPs and allow them to enroll directly through the Exchange at any point during the process. Furthermore, the regulations bar e-brokers from offering financial incentives like rebates and giveaways that can potentially be used to steer consumers toward a specific plan or insurer. One important note is that, while brokers can be allowed to assist consumers with applying for subsidies and enrolling into a QHP, the Exchange is the entity that makes the official eligibility determination and authorizes the final enrollment of consumers in the plan of their choice.

In terms of specific standards for brokers and agents in the Exchange, the federal regulations stop short of requiring that brokers and agents meet standards similar to those set for navigators. For example, agents and brokers are not required to show they are competent to assist people with language, literacy, cultural or physical barriers and are not subject to the navigator requirement to offer fair, accurate and impartial information and services. In general, brokers and agents must comply with state licensure standards, which vary from state to state. States and stakeholders may want to update state insurance broker licensure standards to meet the navigator standards

to ensure that consumers receive the same protections regardless of who assists them with eligibility, enrollment and plan selection. Alternatively, Exchanges have the flexibility to establish new standards for brokers and agents that go beyond the federal minimum requirements

Conclusion

Navigators are key members of the state's customer service team, and can extend consumer assistance in the most remote communities and to the most vulnerable consumers throughout a state. Effective deployment of navigators will help alleviate demand on call centers and may increase the use of the electronic eligibility and enrollment process by consumers unlikely to apply online on their own. Navigators can also serve as an important loopback mechanism, helping states identify how the new programs, systems, policies and procedures are working on the ground level. But most importantly, navigators can help states reach the most vulnerable uninsured and provide the personalized assistance they need to access health coverage.

Endnotes

1. M. Buettgens, J. Holahan, C. Carroll, "Health Reform Across the States: Increased Insurance Coverage and Federal Spending on the Exchanges and Medicaid," Urban Institute, March 2011. Roughly 33 million people are estimated to enroll in Medicaid or qualify for advanced premium tax credits to subsidize premiums and cost-sharing in Qualified Health Plans (QHPs) in the Exchange.
2. Meaningful access has legal meaning under Section 504 of the Rehabilitation Act. It is intended to prevent discrimination and ensure that all persons with disabilities have access to all programs and activities administered by federal agencies and organizations receiving federal funds.
3. Some costs may also be allocated to CHIP administrative costs, which provide a higher federal match that varies by states, starting at 65%.
4. Lakes Research Partners, "Informing CHIP and Medicaid Outreach and Education: Key Findings from a National Survey of Low-Income Parents," conducted for the Centers for Medicare and Medicaid Services, November 2011.

Requiring all consumers to enroll through a broker will unnecessarily drive up the operating costs of the Exchange for people who are able to navigate the web-based enrollment system with minimal assistance from the Exchange's call center.



5. S. McMorrow, G. Kenney, C. Coyer, "Addressing Barriers to Health Insurance Coverage Among Children: New Estimates for the Nation, California, New York, and Texas," The Urban Institute, May 2012.
6. P. Short, K. Swartz, N. Uberoi, D. Graefe, "Realizing Health Reform's Potential: Maintaining Coverage, Affordability and Shared Responsibility When Income and Employment Change," Commonwealth Fund, May 2011.
7. 45 CFR 155.220(a)(3)—Related to the ability of a State to permit agents and brokers to assist qualified individuals in applying for advance payments of the premium tax credit and cost-sharing reductions for QHPs was published as an interim final rule. Final rulemaking on this provision is pending as of June 26, 2012.

Acknowledgements

The authors wish to acknowledge the key contributions of a group of national and state based policy and consumer groups who have assisted with our Navigator project. They include Shelby Gonzales and Dave Chandra from the Center on Budget and Policy Priorities, Christine Barber from Community Catalyst, Elaine Saly and Cheryl Parcham from Families, USA, Jenny Sullivan from Enroll America, Suzie Shupe from the California Coverage and Health Initiatives, Elisabeth Benjamin from the New York Community Service Society, Leigh Cobb from Maryland Advocates for Children and Youth, Sarah Greenfield from Take Action Minnesota, Dayanne Leal from Massachusetts Health Care For All, Kathy Chan from Illinois Child and Maternal Health Coalition, Kelli King-Jackson from Texas Children's Defense Fund and Jocelyn Guyer from the Georgetown Center for Children and Families.

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The Center for Children and Families (CCF) is an independent, nonpartisan policy and research center whose mission is to expand and improve health coverage for America's children and families. CCF is based at Georgetown University's Health Policy Institute. For additional information, contact (202) 687-0880 or childhealth@georgetown.edu.

Effective deployment of navigators can help states reach the most vulnerable uninsured, particularly those unlikely to use web-based enrollment services, and provide the personalized assistance they need to access health coverage.

State Health Reform Assistance Network

Charting the Road to Coverage

Issue Brief
August 2012

Building on a Solid Foundation: Leveraging Current Programs and Infrastructure in Navigator Program Development

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ABOUT THE PROGRAM

State Health Reform Assistance Network, a program of the Robert Wood Johnson Foundation, provides in-depth technical support to states to maximize coverage gains as they implement key provisions of the Affordable Care Act. The program is managed by the Woodrow Wilson School of Public and International Affairs at Princeton University. For more information, visit www.statenetwork.org.

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ACKNOWLEDGEMENTS

The authors wish to thank our chief consultants, Jim Jones of Sellers-Dorsey and Jessica Kendall, for their significant contributions throughout the project. Finally, we appreciate the careful review and insights of our colleagues Alan Weil and Katie Baudouin.

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with enrollment into Medicaid/CHIP (as opposed to application assistance), some enrollment brokers may be too specialized to effectively and efficiently morph into a state's navigator design. In this case, a state might opt instead to preserve enrollment brokers as a specialized entity to work specifically with its Medicaid-eligible population. This could alleviate some burden on both navigators and enrollment brokers, as each can focus its resources and knowledge on a distinct subset of the population, with opportunity to refer consumers to one or the other as necessary for guidance through either Medicaid enrollment or the exchange. However, to ensure a “no-wrong-door” approach for consumers, states will need to consider ways in which they might coordinate the work of enrollment brokers and navigators, including data sharing and clear consumer messaging and referral systems identifying the purpose and role of each.

Box 3
Summary Profile: Enrollment Brokers
Potential points of leverage for navigator program
<ul style="list-style-type: none"> • Familiarity with managed care insurance plans • Experience guiding populations through plan selection/ enrollment • Established information sharing mechanism with state and/ or insurers • Familiarity with other state resources available to assist consumers • Experience providing culturally competent, unbiased assistance • Experience with case management (enrollment, follow-up, renewal) • Costs can partially be covered by Medicaid resources
Potential challenges to their incorporation as navigators
<ul style="list-style-type: none"> • Experience solely with Medicaid recipients and Medicaid managed care insurance plans • Lack experience in application assistance • Minimal experience conducting outreach and public education to engage new populations • Might currently be too specialized, may be difficult and/or costly to fully integrate them as navigators so that they can serve exchange populations

Insurance Agents and Brokers

Many states have a long history with insurance agents and brokers, who are certified or licensed private entities that connect consumers with insurers and insurance products. Insurance brokers represent insured individuals and are not necessarily affiliated with insurance carriers, while insurance agents act as representatives of an insurance company. Typically targeting businesses as their client base, both agents and brokers have a keen knowledge of laws regulating private insurance (e.g. HIPAA and COBRA⁴) and may serve as a human resource (HR) provider for those businesses that may not have HR personnel to handle insurance processing and inquiries.

A state has flexibility to determine the role of insurance agents and brokers in their exchange. While the ACA includes licensed insurance agents and brokers as examples of entities that may serve as navigators, the law also stipulates that navigators cannot receive compensation from a health insurance issuer for enrolling individuals or employers in a plan—a common source of income for insurance brokers.

Their understanding of private market insurance, their ability to educate consumers about complicated and unfamiliar health insurance concepts—including coinsurance, deductibles, service limitations, etc.—as well as their experience providing guidance from application through enrollment into an insurance plan, positions insurance agents and brokers as field experts in guiding individuals through the acquisition of private coverage. This knowledge base can easily be transitioned into an exchange world where these entities will have access to enhanced tools to assist them in sorting through coverage options. Furthermore, agents and brokers often work with businesses and other consumers in the small group market, uniquely positioning them as prime partners in navigating consumers who will be eligible to participate in coverage through the SHOP exchange. However, establishment of an exchange does alter the environment under which agents and brokers currently operate. It may be difficult to establish an adequate payment structure and clear conflict of interest standards for these entities

⁴ The Health Insurance Portability and Accountability Act and the Consolidated Omnibus Budget Reconciliation Act provide protections to individuals who lose group insurance coverage.

whose past income has relied heavily on payment directly from carriers for enrolling individuals or groups into specific plans. As a group, agents and brokers have pushed back in many states where they view the exchange, and even other navigators, as competitors to their current work with private market insurance plan selection and enrollment.

Working intensively with agents from the beginning of the state's planning process, Tennessee was able to understand and address agents' concerns about a potential exchange in the state. By reaching out and communicating clearly to the agent community about its vision for an exchange (if it is to build one) the state has now drawn this community in and will continue to work with them on developing their new role, particularly related to SHOP coverage. To draw upon the system agents have established, Tennessee is considering a requirement that any small group wishing to purchase SHOP coverage must do so through an agent for the first two years the exchange operates. Additionally, whereas agents initially showed interest in serving as navigators for all potential exchange consumers, including those that may qualify for Medicaid, clarified messaging about the responsibilities involved in navigating these populations have since led agents to focus their efforts on their role within the SHOP exchange.

Box 4

Summary Profile: Agents and Brokers

Potential points of leverage for navigator program

- Experience working with small group market populations (small employers)
- Some outreach experience/ established community relationships
- Familiarity with how to sort through available insurance options including benefits, costs and provider networks
- Established relationship with current consumers for follow-up, renewal, etc.

Potential challenges to their incorporation as navigators

- Minimal experience with populations outside of current small group market, especially those eligible for public coverage
- May see other navigators or the exchange itself as competition, versus as partners or a tool they can work with depending on funding structure and perceived incentives
- Establishing fees or reimbursement may be tricky; typically receive funding direct from carriers; potential conflict of interest issues

CONCLUSION: KEY NEXT STEPS FOR NAVIGATOR DEVELOPMENT

The preceding section highlights just some examples of the wealth of programs and experience states have to draw from for their navigator programs, each offering its own strengths and challenges if incorporated into a state's overall navigator design. States will ultimately be accountable for creating a program that can meet state and federal regulations and effectively engage exchange consumers, while balancing limited resources and a need to develop infrastructure and fair compensation policies for navigators.

Below are several steps for states to consider as they continue to develop their navigator programs and judge how best to leverage any existing programs, entities, or resources:

Perform an inventory of current programs and potential resources. This includes programs and resources used to engage consumers through sister programs and agencies—Medicaid, CHIP and other public assistance programs—as well as community groups, county and local programs and national programs. Many such programs have long established ties to consumers or have resources that states can easily leverage or adapt as part of the navigator program or to ease the burden on navigators. Some states, for example, use free and reduced lunch applications as a means of identifying or performing outreach to individuals that may be eligible for other forms of assistance.

Community groups such as chambers of commerce or social clubs often have established means and even personnel to reach various constituencies about new coverage options, while providers of all types are important points of contact for health care consumers. By identifying these opportunities, states can better steer the resources of their navigators toward areas of deficiency to create as robust an engagement strategy as possible.